

## UNLICENSED ACTIVITY FORM

Mail to:  
Private Detective Licensing  
Kansas Bureau of Investigation  
1620 SW Tyler  
Topeka, Kansas 66612-1837

1. Name of person and/or agency who is engaging in detective business in our state without a Kansas private detective license.

Name \_\_\_\_\_  
(Last name, First Name)

Agency Name \_\_\_\_\_  
(if applicable)

Address \_\_\_\_\_  
(Full Street address)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone \_\_\_\_\_  
(area code, number & extension)

2. Person filing complaint:

Name \_\_\_\_\_  
(Last name, First Name)

Address \_\_\_\_\_  
(Full Street address)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone \_\_\_\_\_  
(area code, number & extension)

3. **DETAILS OF UNLICENSED ACTIVITY:** As fully as possible, provide details concerning the unlicensed activity, including any dates, locations, other specifics. Also include names, addresses, and phone numbers of any other persons who may have knowledge of the incident(s). Please specify your relationship to this person, e.g., client, employer, employee, etc. Use extra pages if necessary. Attach copies of any documents, which support your statement.

4. As part of an investigation into this matter, the Kansas Bureau of Investigation may require the person and/or agency to respond to your allegations(s). While we cannot promise anonymity, is there a reason why you would not want this person to be informed of your identity? Check one: ( ) yes ( ) no. If you checked “yes, please explain:

5. Will you willingly testify in a hearing before the Attorney General or her designee should formal disciplinary proceedings be initiated? Check one: ( ) yes ( ) no. If you checked “no”, please explain:

Signature:\_\_\_\_\_

Date:\_\_\_\_\_